



Life Course

Childhood Resilience Factor

Brief Name

Early Prenatal Care

Indicator

Percent of women beginning prenatal care in the first trimester of their pregnancy.

Description

This metric captures the number of pregnancies in which prenatal care began in the first trimester, that is, in the first three months after conception.

WI	US	Best	Worst
79.3%*	70.8%	87.7%	56.3%
		VT	AK

Year

2014

Numerator

Number of births in which the mother began prenatal care in month one, two, or three of her pregnancy

Denominator

Total number of births

*Indicates statistically significant difference from the US value at $p < 0.05$.

Importance

Early engagement in prenatal care increases the likelihood of a healthy infant and mother (Ryan, 1980). Additionally, up to 25% of pregnant women experience heightened stress, depression, and anxiety which can be addressed through prenatal care. (Kingston, 2014).

Limitations

Early prenatal care is an indicator of increased access to needed services and supports for pregnant women. However, the degree to which prenatal care improves the health of the mother and child may be confounded by socioeconomic status, as women with increased financial means frequently plan pregnancy, start prenatal care early, and have a higher level of education, all of which tend to have a positive effect on the child.

Connecticut, Rhode Island, and New Jersey are excluded from this calculation as they have non-standard birth certificate reporting.

Appointment frequency is not routinely collected on the birth certificate in all states and thus is not accounted for, though may impact outcomes.

Source

United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2014, on CDC WONDER Online Database, February 2016. Accessed at <http://wonder.cdc.gov/natality-current.html>. Ryan Jr, G. M., Patrick J. Sweeney, and Abiodun S. Solola. "Prenatal care and pregnancy outcome." American Journal of Obstetrics and Gynecology 137.8 (1980): 876-881. Kingston, Dawn, et al. "Study protocol for a randomized, controlled, superiority trial comparing the clinical and cost-effectiveness of integrated online mental health assessment-referral-care in pregnancy to usual prenatal care on prenatal and postnatal mental health and infant health and development: the Integrated Maternal Psychosocial Assessment to Care Trial (IMPACT)." Trials 15.1 (2014): 1.